

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003838

1. Entity Name

THE SPRINGBORN FAMILY FOUNDATION, INC.

Principal Place of Business

4601 GULF SHORE BLVD NORTH
NAPLES FL 34103

Mailing Address

4601 GULF SHORE BLVD NORTH
NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address c/o Goodman & Breen

3838 Tamiami Tr. N.

Suite, Apt. #, etc.

300

City & State

Naples, FL

Zip

34103

Country

4. FEI Number

36-4198540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREEN, DOROTHY M
3838 TAMiami TRAIL NORTH, STE 300
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name:
Goodman & Breen, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3838 Tamiami Tr. N.
Suite 300
City
Naples FL Zip Code
34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Nancy J. Gibbs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
SPRINGBORN, CAROLYN J
4601 GULF SHORE BLVD NORTH
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
SPRINGBORN, ROBERT C
4601 GULF SHORE BLVD NORTH
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SPRINGBORN, DEBORAH L
3342 VILLAGE COURT
CAMERON PARK CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPRINGBORN, ROBERT J
9 OLD OAK WAY
FALMOUTH ME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Caroline Springborn

July 27, 2001

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90002 021 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)